

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

FAIR POLITICAL
PRACTICES COMMISSION
COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Wilson Michael Lepley
OFFICE OF THE CITY CLERK
CITY OF VALLEJO

1. Office, Agency, or Court

Agency Name

City of Vallejo

Division, Board, Department, District, if applicable

Your Position

City Council

Councilmember

► If filing for multiple positions, list below or on an attachment.

Agency: (see attached list)

Position:

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☒ City of Vallejo

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is / / , through December 31, 2010.

☐ Assuming Office: Date / /

☐ Leaving Office: Date Left / /
(Check one)

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ The period covered is / / , through the date of leaving office.

☐ Candidate: Election Year Office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 6

☒ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California that

Date Signed 3-29-2010
(month, day, year)

Signature

Additional agency positions held by Michael Wilson

VALLEJO HOUSING AUTHORITY

Position: Member

VALLEJO REDEVELOPMENT AGENCY

Position: Member

MARINE WORLD JOINT POWERS AUTHORITY

Position: Member

VALLEJO PUBLIC FINANCING AUTHORITY

Position: Member

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Michael Wilson

► NAME OF BUSINESS ENTITY
Architectural Resources Collaborative, Inc

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
(dba: ARC Inc) architecture firm

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/10 ____/____/10
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
DWM Roosevelt, LLC

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Real Estate Investment Group

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☒ Other LLC member (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/10 ____/____/10
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/10 ____/____/10
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/10 ____/____/10
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/10 ____/____/10
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/10 ____/____/10
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Michael Wilson

► 1. BUSINESS ENTITY OR TRUST

The Peter L Wilson and Michael L Wilson Family Trust

Name

393 El Camino Real, Vallejo, CA 94590

Address (Business Address Acceptable)

Check one

☒ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

____/____/10 ____/____/10
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION _____

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☒ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☒ REAL PROPERTY

393 El Camino Real

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Vallejo, CA 94590

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

____/____/10 ____/____/10
ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ ☐ Other _____
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

► 1. BUSINESS ENTITY OR TRUST

Wilson Enterprises, LLC

Name

393 El Camino Real, Vallejo, CA 94590

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Property Management and Investment

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

____/____/10 ____/____/10
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship ☐ Partnership ☒ Other

YOUR BUSINESS POSITION member

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ \$0 - \$499 ☒ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

Robert Weida, Vallejo Housing Authority (section 8),

Matt Kennedy, Linette Jefferson, Neptune Society Trust

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☒ REAL PROPERTY

727-729 Florida Street

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Vallejo, CA 94590

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

____/____/10 ____/____/10
ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ ☐ Other _____
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

Comments: Our interest in Wilson Enterprises, LLC is held in the trust

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Michael Wilson

► 1. BUSINESS ENTITY OR TRUST

Global Green Legacy, LLC

Name

560 First Street, Suite B-201 Benicia, CA 94510

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2

☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Development Company

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☒ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

____/____/10
ACQUIRED

____/____/10
DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship

☐ Partnership

☒ LLC

Other

YOUR BUSINESS POSITION

Chief Operating Officer

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☒ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT

☐ REAL PROPERTY

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

____/____/10
ACQUIRED

____/____/10
DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☐ Leasehold

Yrs. remaining

☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

► 1. BUSINESS ENTITY OR TRUST

Senaste Capital, LLC

Name

560 First Street, Suite B-201, Benicia, CA 94510

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2

☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Capital Investment Company

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☒ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

____/____/10
ACQUIRED

____/____/10
DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship

☐ Partnership

☒ LLC

Other

YOUR BUSINESS POSITION

Chief Operating Officer

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☒ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT

☐ REAL PROPERTY

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

____/____/10
ACQUIRED

____/____/10
DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☐ Leasehold

Yrs. remaining

☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>Michael Wilson</u>
--

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Architectural Resources Collaborative, Inc (ARC Inc)

ADDRESS (Business Address Acceptable)
560 First Street, Suite B-201, Benicia, CA 94510

BUSINESS ACTIVITY, IF ANY, OF SOURCE
architecture firm

YOUR BUSINESS POSITION
Vice President and Chief Financial Officer

GROSS INCOME RECEIVED
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☒ Salary ☐ Spouse's or registered domestic partner's income
☒ Loan repayment ☐ Partnership
☐ Sale of _____
(Property, car, boat, etc.)
☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Benicia Vallejo Humane Society

ADDRESS (Business Address Acceptable)
1121 Sonoma Blvd, Vallejo, CA 94590

BUSINESS ACTIVITY, IF ANY, OF SOURCE
animal care and adoption

YOUR BUSINESS POSITION
Spouse is Humane Services Director

GROSS INCOME RECEIVED
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ Salary ☒ Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership
☐ Sale of _____
(Property, car, boat, etc.)
☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*
Neptune Society of Central CA Funeral Trust

ADDRESS (Business Address Acceptable)
200 Rollingwood Drive, Vallejo, CA 94591

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☒ OVER \$100,000

INTEREST RATE TERM (Months/Years)
7 % ☐ None 30 years

SECURITY FOR LOAN
☐ None ☐ Personal residence
☒ Real Property 727-729 Florida Street
Street address
Vallejo, CA 94590
City
☐ Guarantor _____
☐ Other _____
(Describe)

Comments: Real Property is reported on schedule A-2

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Michael Wilson

▶ NAME OF SOURCE Northern CA Carpenters Regional Council ADDRESS (Business Address Acceptable) 265 Hegenberger Rd # 200, Oakland, CA 94621 BUSINESS ACTIVITY, IF ANY, OF SOURCE labor council <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td>12 / 10 / 10</td> <td>\$ 40.00</td> <td>luncheon</td> </tr> <tr> <td> / / </td> <td>\$</td> <td></td> </tr> <tr> <td> / / </td> <td>\$</td> <td></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	12 / 10 / 10	\$ 40.00	luncheon	/ /	\$		/ /	\$		▶ NAME OF SOURCE Napa Solano Building Trades Council ADDRESS (Business Address Acceptable) 2540 North Watney Way, Fairfield, CA 94533 BUSINESS ACTIVITY, IF ANY, OF SOURCE labor council <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td>09 / 10 / 10</td> <td>\$ 75.00</td> <td>reception</td> </tr> <tr> <td> / / </td> <td>\$</td> <td></td> </tr> <tr> <td> / / </td> <td>\$</td> <td></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	09 / 10 / 10	\$ 75.00	reception	/ /	\$		/ /	\$	
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12 / 10 / 10	\$ 40.00	luncheon																							
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09 / 10 / 10	\$ 75.00	reception																							
/ /	\$																								
/ /	\$																								
▶ NAME OF SOURCE Skyview Memorial Lawn ADDRESS (Business Address Acceptable) 200 Rollingwood Dr, Vallejo, CA 94591 BUSINESS ACTIVITY, IF ANY, OF SOURCE death care <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td>12 / 23 / 10</td> <td>\$ 75.00</td> <td>gift basket</td> </tr> <tr> <td> / / </td> <td>\$</td> <td></td> </tr> <tr> <td> / / </td> <td>\$</td> <td></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	12 / 23 / 10	\$ 75.00	gift basket	/ /	\$		/ /	\$		▶ NAME OF SOURCE Rite Aid Pharmacy ADDRESS (Business Address Acceptable) 2021 Solano Avenue, Vallejo, CA 94590 BUSINESS ACTIVITY, IF ANY, OF SOURCE pharmacy <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td>10 / 14 / 10</td> <td>\$ 75.00</td> <td>promotional items</td> </tr> <tr> <td> / / </td> <td>\$</td> <td></td> </tr> <tr> <td> / / </td> <td>\$</td> <td></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	10 / 14 / 10	\$ 75.00	promotional items	/ /	\$		/ /	\$	
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Comments: _____